· .								Application of Docket Number									
PATENT APPLICATION FEE DETERMINATION RECORD																	
Effective October 1, 2000									179721012-								
CLAIMS AS FILED FAITH											OTHER SMALL						
(Country)											ì	RATE	FEE				
101	TAL CLAUMS		(03					RAT	$\overline{}$	FEE			710.00				
POF	3		NUMBER FO	ED	NUMBER EXTRA			BASIC	FEE	355.00	OR	BASIC FEE	710.00				
101	TAL CHARGEA	BLE CLAIMS	() 2 minus 20-		140			XS !	)=	378	OR	X\$18=					
	EPENDENT CL		5 minus 3 =					X40	<u> </u>	80	OR	X80=					
MULTIPLE DEPENDENT CLAIM PRESENT									\$ <del></del>		ОЯ	+270 <del>=</del>					
* If the difference in column 1 is less than zero, enter "O" in column 2									AL	<u>83</u>	OR	TOTAL					
Claims AS AMENDED - PART II								SMALL ENTITY				OTHER SMALL					
ДЦ,	<u>' / '</u>	(Column 1)	<del>, , ,</del>	(Calumn 2) HIGHEST		(Column 3)				ADDI-			ADDI-				
F		REMAINING AFTER		PREVI	BEA	PRESENT EXTRA		RATE	TIONAL FEE	Ì	RATE	TIONAL FEE					
<b>AMENDMENTA</b>	Total	AMENDMENT	Minus	•• (	A)	· 0	1	XS	9=		OR	X\$18=					
MEN	Independent	. 5	Minus	***	5	- ()	].	X4	)=		OR	X80=					
Z	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	<u> </u>		OR	+270=	-					
الماريات									DYAL	1	OR	TOYAL					
7	9/21/04								ADDIT, FEE ADDIT, FEE								
		(Column 1)			amn 2) HESY	(Column 3	<u>.</u>		_	ADDI-	7		ADDI-				
8		REMAINING		NEU	MBER	PRESENT		RA	TE	TIONAL		RATE	TIONAL				
		AFTER AMENDMENT			D FOR	EXTRA	_	<u> </u>		FEE		<b>}</b>	FEE				
AMENDMENT	Total	. 63	Minnia	••	<u>60}_</u>	- 4	4	XS	9=	<u> </u>	ОЯ	-					
	Independent	5	Minus	***	5_	<u> </u>	4	X4	œ_		ДОЯ	X80=					
	FIRST PRESENTATION OF MULTIPLE OCI ENGLIS						_]	. +13	35=	1	OR	+270=					
L	1124185			•		•		ACCE	OTAL		]оя	ADDIT. FE					
	110 1	(Column 1)		(Cal	umn 2)	(Column	3)_			-0-	_						
	,	CLAIMS		.10	SHEST MBER	PRESENT				ADDI-	7		ADDI-				
E		REMAINING AFTER AMENDMENT		PRE	VIOUSLY ED FOR	EXTRA		R/	TE	TIONAL FEE	<u>.</u>	RATE	TIONAL				
AMENDMEN	Total	· 6,3	Minus		60	- <i>U</i>		XS	9=		Of	X\$18=					
	Independent	1. 5	Minus	•••	5	1-1)	_	X	10=			X80=					
E	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OF	+270=					
TOTAL O																	
Big erroy in column 1 is less than the fact of the THRS SPACE is less than 20, onter "20."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.																	
<b>f</b> ^	The Tilchest N	Inher Previously	Paid For (Total o	ar indepi	endeni) is t	he highest mu	mber	round in	क्षा व	sp <del>propriace</del> (	ooz m	water 1.					

FORM PTO-675

Petent and Tradement Office, U.S. DEPARTMENT OF COMMERCE

		-	Application or Docket Number									
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 DAGE 2 0972,012												
		SMAL TYPE	LENT	 TTY ]	OR	OTHER						
TO	OTAL CLAIMS			(Column 1) (Column 2)			RAT	Ε	FEE	7	RATE	FEE
FC	)R		NUMBER	FILED	NUMB	ER EXTRA	BASIC	FEE 3	85.00	OR	BASIC FEE	770.00
TC	TAL CHARGEA	BLE CLAIMS	62 mir	nus 20=	. 4	2	XS 9	)=	•	OR	X\$18=	
INE	EPENDENT CL	AIMS	5 . minus 3 =		. 2		X43	X43=		OR	X86=	
ML	ILTIPLE DEPEN	IDENT CLAIM PE	RESENT								-	
• If the difference in column 1 is less than zero, enter "0" in column 2							+145			OR	+290=	
CLAIMS AS AMENDED - PART II								"L		OR	TOTAL OTHER	THAN
1	10-27-05 (Column 1) (Column 2) (Column 3)							LL EN	TITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA	RAT	ΕΠ	ODI- ONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	.41	Minus	- 6	2	- Ø	X\$ 9	=		OR	X\$18=	
MEN	Independent	. 5	Minus	•••	<u> </u>	= Ø	X43:	-		OR	- X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		OR	+290=	
		10	TAL			TOTAL						
		ADOIT. F	EE L			ADDIT. FEE!						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	(Colun HIGH NUME PREVIO PAID	est Ber Busly	PRESENT EXTRA	RATI	E   TI(	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**			X\$9	=   .		OR	X\$18=	
	Ind pendent	•	Minus	***		=	X43-			OR	X86=	
	FIRST PRESE	NTATION OF MU	ATIPLE DEF	PENDENT	CLAIM		+145		·	OR	+290=	
			•			_	TOT	AL			TOTAL	•
		(Column 1)		(Colum	nn: 91	(Column 3)	ADDIT. F	EE∟	· .	ربرا	ADOIT, FEE	
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	est Ber Vusly	PRESENT EXTRA	RATE	Ξ <b>Τ</b> Ι(	DDJ- ONAL EE		RATE	ADDI- TIONAL FEE
TOW TOW	Total	•	Minus	44		E .	X\$ 9		•	OR	X\$18=	
AMENDMENT	Independent	•	Minus	444		c	X43=	+		o'R	X86=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			- -	.	1		
		mn 1 is less than th	+145			OR	+290= TOTAL					
••	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT, FEE ADDIT, FEE Thighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											·
-	If the Highest Nu	mber Previously Pa	ed For IN TH	IS SPACE i	s less tha	un 3, enter "3."	-					